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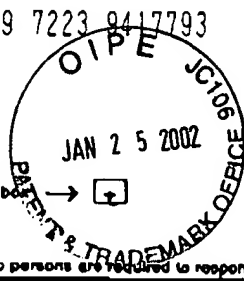
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Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GS 0443 A US
First Named Inventor	Markus BAUMANN
COMPLETE IF KNOWN	
Application Number	09 / 945,551
Filing Date	September 2, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLATE-LINK CHAIN

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

September 2, 2001

as United States Application Number or PCT International

Application Number

09/945,551

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 100 43 963.2	Germany	09/06/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label 20676 OR ☐ Correspondence address below

Name Alfred J. Mangels

Address 4729 Cornell Road

Address

City Cincinnati

State Ohio

ZIP 45241

Country US

Telephone (513) 489-0470

Fax (513) 489-6030

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) MarkusFamily Name
or Surname BAUMANNInventor's
Signature 

Date

12/06/2001

Residence: City Bühl

State

Germany
CountryGerman
Citizenship

Mailing Address Rosenweg 10

Mailing Address

City Bühl

State

ZIP D-77815

Country Germany

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) LotharFamily Name
or Surname MOSERInventor's
Signature 

Date

10/01/02

Residence: City Ottersweier

State

Germany
CountryGerman
Citizenship

Mailing Address Tanzbühl 4

Mailing Address

City Ottersweier

State

ZIP D-77833

Country Germany

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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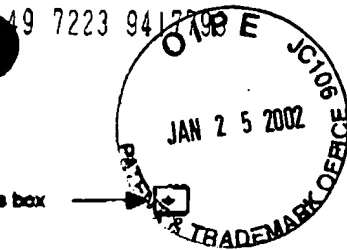
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Werner		KREISS	
Inventor's Signature		Date 28.11.01	
Residence: City	Erlangen	State	Country Germany
Mailing Address		Coburgerstrasse 43	
Mailing Address		Werner Kreiss @ de.ing. com	
City	Erlangen	State	ZIP D-91056
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP

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AUTHORIZATION OF AGENT**

Application Number	09/945,551
Filing Date	September 2, 2001
First Named Inventor	Markus BAUMANN
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0443 A US

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☒ Practitioners at Customer Number

20676

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Name	Registration Number
Alfred J. Mangels	22,605

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☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Alfred J. Mangels

Address 4729 Cornell Road

Address

City Cincinnati State OH Zip 45241-2433

Country U.S.A.

Telephone (513) 469-0470 Fax (513) 489-6030

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Markus BAUMANN

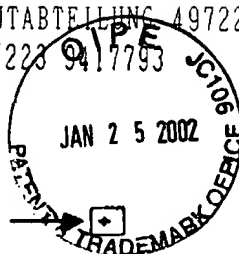
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Date 12/06/2001

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**POWER OF ATTORNEY OR
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Application Number	09/946,551
Filing Date	September 2, 2001
First Named Inventor	Markus BAUMANN
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0443 A US

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Name	Registration Number
Alfred J. Mangels	22,605

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<input type="checkbox"/> Firm or Individual Name	Alfred J. Mangels				
Address	4729 Cornell Road				
Address					
City	Cincinnati	State	OH	Zip	45241-2433
Country	U.S.A.				
Telephone	(513) 469-0470	Fax	(513) 489-8030		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
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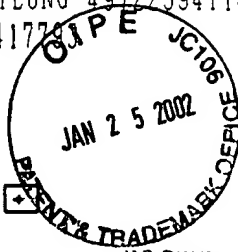
Name	Lothar MOSER
Signature	
Date	10/01/02

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Application Number	09/945,651
Filing Date	September 2, 2001
First Named Inventor	Markus BAUMANN
Group Art Unit	
Examiner Name	
Attorney Docket Number	GS 0443 A US

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Name	Registration Number
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☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Alfred J. Mangels		
Address	4729 Cornell Road		
Address			
City	Cincinnati	State	OH Zip 45241-2433
Country	U.S.A.		
Telephone	(513) 469-0470	Fax	(513) 489-6030

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Werner KREISS
Signature	
Date	30.11.01

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